

This 2 day course will assist health care providers and others develop the skills necessary to provide pre- and post-test counseling to individuals requesting HIV testing, as required

OBJECTIVES

Upon completion, participants will be able to:

- ❖ Discuss serologic testing for antibodies to HIV;
- ❖ Present pre-testing information to those requesting the test;
- ❖ Counsel clients with seronegative and seropositive test results using the guides presented in the course;
- ❖ Discuss and arrange for the notification of sex partners to clients with seropositive test results.

FORMAT

Lectures, audio-visuals, role plays, discussions, and videotape demonstrations. References and handouts will be provided throughout the course.

DURATION

2 full days; 8:30 AM - 5:00 PM

CLASS SIZE

Class size is limited to 15 persons. Enrollment priority is given to persons providing HIV counseling and testing services as a part of their employment.

LOCATION

All classes will be held at:

HIV/AIDS Program
Yesler Building, 400 Yesler Way
3rd floor Conference Room

CLASS DATES FOR 2002

February 27-28	July 24-25
March 20-21	September 25-26
April 24-25	October 23-24
May 22-23	November 20-21
September 11-12 (in Spanish)	

COURSE INSTRUCTORS

Robert Marks
Health Advisor
Public Health Seattle & King County

Jay Francis
Health Advisor
Public Health Seattle & King County

Javier Amaya
Education Program Coordinator
Public Health Seattle & King County

CONTINUING EDUCATION CREDIT

- ❖ Approved for CNE credit.
- ❖ Does not meet Department of Licensing 7-hour requirement.

FEES

- ❖ \$125.00 payable when your enrollment in the course is confirmed.
- ❖ Cancellations must be made 5 days prior to the scheduled course for which you are confirmed. Refunds will not be made for less than 5 days notice of cancellation or for "no shows".

APPLICATION PROCEDURE

Complete and return the attached application.

Pre-registration is required.

For information, contact Diane Ferrero at
(206) 296-4649 or diane.ferrero@metrokc.gov.

Please submit payment with this application. Advance payment is required to confirm space in the workshop. Space is limited.

Please complete and return this application to:

Diane Ferrero, HIV/AIDS Program, Yesler Building, 400 Yesler Way, 3rd Floor, Seattle WA 98104

Fax: (206) 205-5281

Name:

Degrees:

Position:

Agency:

Class dates Requested:

Street:

Telephone:

City:

State:

Zip:

FAX:

Average number of HIV tests you currently do per month.

Email:

Number of HIV tests per month you anticipate doing after this training.

Knowledge of HIV/AIDS:

___ extensive

___ moderate

___ limited

___ none



WHAT OTHERS HAVE SAID ...

"So much information and so well put together. The varied educational formats were great."

"The relaxed atmosphere made it easy to ask questions and explore otherwise difficult areas."


"Although the role plays are challenging, they provide for an incredible amount of learning."


"Lots of great information, even for someone in the field for many years."

"The class is relaxed and comfortable, and the information is easy to absorb. The role

ALTERNATIVE FORMATS ARE AVAILABLE
UPON REQUEST.

THE **HIV/AIDS PROGRAM** SERVICES ARE
AVAILABLE TO ALL
REGARDLESS OF RACE, NATIONAL ORIGIN, RELI-
GION, INCOME, SEX, SEXUAL
ORIENTATION, MARITAL STATUS, AGE, OR DIS-
ABILITY.

 **Public Health**
Seattle & King County
HEALTHY PEOPLE. HEALTHY COMMUNITIES.
HIV/AIDS Program
400 Yesler Way, 3rd floor
Seattle, WA 98104
www.metrokc.gov/health/apu



HIV Counseling/Testing & Partner Notification Referral Workshop

*"Concise and organized.
Diverse enough to apply to my
client population."*

2002 Schedule

Region IV
AIDS Services Network